CARDIOLOGY
ORDER FORM

Medtronic SureScan™ Pacing, ICD, and CRT -D Systems

Patient Name:_____

DOB: _____

1. Your patient has an MRI ordered. Please confirm that your patient has a Medtronic SureScan™ Pacing/ICD/ CRT-D System, with SureScan™ lead(s). (Refer to http://wwwp.medtronic.com/mrc for a current listing of Medtronic MR-Conditional products. Note: Only CRT systems may have a 6725 pin plug used in the atrial port as part of an MR-Conditional system.)

☐ **YES,** my patient has a complete Medtronic SureScan™ Pacing/ICD/CRT System and it has been implanted longer than 6 weeks in the pectoral region (Revo MRI™ IPG) or post-lead maturation period of approximately 6 weeks (all others).

☐ **NO,** my patient does not have a complete SureScan™ IPG/ICD/CRT System.

2. Please confirm your patient's leads are electrically intact. (For Advisa: to activate SureScan mode, the impedance range must be between 200-1,500 ohms. For other pacemakers, ICDs and CRT-D Systems; pacing leads must be between 200-3,000 ohms, defibrillation lead impedance must be between 20-200.

☐ **YES,** I confirm that my patient's lead(s) are electrically intact.

☐ **NO,** my patient's lead(s) are not electrically intact.

3. Confirm your patient's right ventricular pacing threshold does not exceed 2.0 V at 0.4 ms for pacemaker dependent patients for all systems.

☐ **YES,** I confirm that my patient's threshold(s) do not exceed 2.0 V at 0.4 ms.

☐ **NO,** my patient's threshold(s) exceed 2.0 V at 0.4 ms.

4. Before the scan, your patient's IPG/ICD/CRT-D will be placed in a SureScan mode. How would you like your patient's device to be programmed? Please select a pacing rate to avoid competitive pacing. (Note that post-scan, device programming will be restored to original settings.)

☐ DOO Pacing rate:_____bpm   ☐ AOO Pacing rate:_____bpm

☐ VOO Pacing rate:_____bpm   ☐ ODO or OVO
　　　　　　　　　　　　　　　　　　　　　　(no pacing, for patients who do not require pacing support)

Physician Signature: _____

Physician Name: _____

Date: _____